



The AdMIRable Review

MIRR PHYSICIAN SPOTLIGHT JAMES P. LITTLE, MD, MBA

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“MIR evaluations are unique,” says Dr. James P. Little. “They involve more than sorting through the clinical detail of a patient’s history and conducting a physical examination. They also have the added challenge of interacting with the clinic impressions and impairment ratings of other physicians. It’s one thing to pull together clinical data from your own physical examination of the patient and come to a conclusion based on the *Guides*. It is quite another to enter the MIR experience where one’s role includes a review of other medical impairment opinions followed by a review of your own opinion by other *Guides* experts. Each MIR examination has its own set of challenges, and each and every one is a rewarding learning experience.”

Dr. Little has been a member of the Medical Impairment Rating Registry (MIRR) since the program’s inception in 2005. He has practiced medicine for thirty-nine years, spending twenty-seven years of those years as a hospital medical director. He was the founding director and academ-



JAMES P. LITTLE, MD, MBA

ic chair of the only residency training program in Physical Medicine and Rehabilitation at the University of Tennessee’s College of Medicine. During his tenure as academic chair, his major teaching areas of concentration were electrodiagnostic evaluation, independent medical evaluations, and brain injury. He also served as the Medical Director of Southern Kentucky Rehabilitation

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MIRR PHYSICIAN SPOTLIGHT JAMES P. LITTLE, MD, MBA

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Hospital (SKY) and of HealthSouth Rehabilitation Hospitals in Kingsport and Bristol, where he received the Medical Director Excellence Award. Dr. Little currently serves as the owner and president of Southern Rehabilitation Group (SRG), which has provided rehabilitation services at independent rehabilitation facilities (IRFs) in Chattanooga, Kingsport, Bristol, and Bowling Green. Although Dr. Little's practice has always included outpatient activities, he especially enjoys the relationships developed from his inpatient practice.

Born one of thirteen children to a factory worker and homemaker in the projects of Detroit, Dr. Little was orphaned at the age of twelve, separated from his siblings, and passed from home to home in the state foster care system when his mother, then father, succumbed to cancer. Despite their untimely deaths, his parents instilled in him the importance of hard work, a love for God and country, and a personal mission to care for others. This mission has driven him both professionally as a physician and personally as a father of eight children. Before his mother's passing, she said to him, "In America, you can be whatever you want to be." During his placement in foster care, he took her parting message to heart, and directed his energy toward academic excellence, ultimately scoring in the ninety-ninth percentile on the Standard Achievement Test (SAT). He worked in a steel mill directly after high school to fund his college education at Western Michi-

gan University. As the first male in his family to obtain a college education, he completed the honors program in 1972 with a B.A. in English and B.S. in Biology. He then worked as a high school English teacher briefly while applying to medical school and joining the U.S. Army to finance his medical education.

After graduating from Wayne State University Medical School in 1977, Dr. Little completed his internship, received his military orders, and spent three years as a Senior (III Corps) Flight Surgeon at the brigade level in Fort Hood, Texas, followed by a year at Letterman Army Medical Center in San Francisco. He completed his residency at Walter Reed Army Medical Center, Washington, DC, where he cared for active and retired disabled military personnel. In 1986, upon finishing his military obligation and receiving an honorable discharge, Dr. Little bought an old country farm house near Nashville, where he started his family and private medical practice with his wife. Although this practice has expanded and changed

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Southern Rehab Group
1011 Spring Creek Road, Chattanooga TN 37412

COMPLEX REGIONAL PAIN SYNDROME

James B. Talmage, MD
Jay Blaisdell, CEDIR

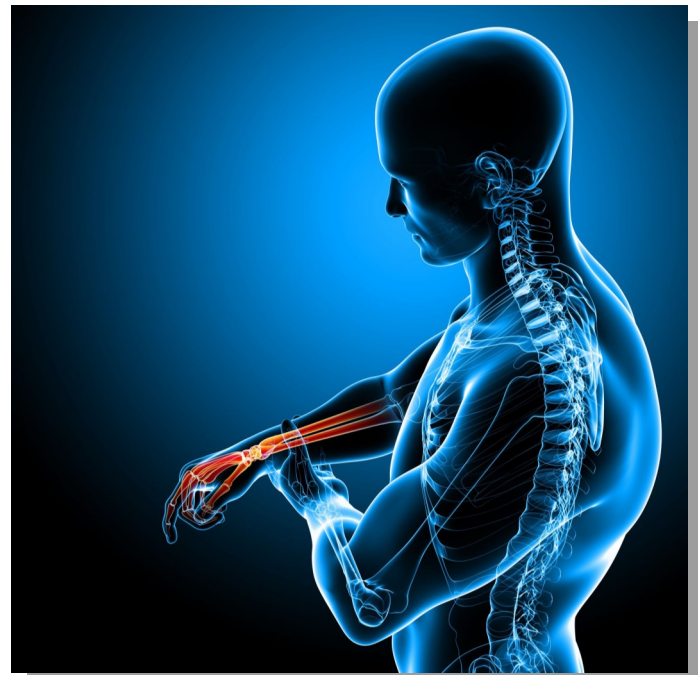
Complex Regional Pain Syndrome (CRPS) is a highly controversial diagnosis addressed very similarly in Chapter 15, Upper Extremities, and Chapter 16, Lower Extremities, of the *AMA Guides*, 6th Edition. Unlike the 5th Edition, it is no longer also addressed in the neurology chapter.

TYPES OF CRPS

CRPS is divided into two types. In Type I, which is somewhat similar to the former concept of Reflex Sympathetic Dystrophy (RSD), the causative factor does not involve a lesion or disease in the peripheral nerve system. In Type II, which is similar to the former concept of “Causalgia,” a plexus or peripheral nerve is unambiguously injured to initiate the syndrome. In the 6th Edition, Type I is rated using section 15.5, “Complex Regional Pain Syndrome,” on page 450 for upper extremities, or section 16.5 for lower extremities on page 538. Type II CRPS is rated using either section 15.4, “Peripheral Nerve Impairment,” on page 419, or section 16.4 on page 531, as if it were any other objectively documented peripheral nerve injury (451).

PROCEED WITH CAUTION

The *AMA Guides*, 6th Edition, has a number of statements that make an impairment rating diagnosis of CRPS difficult to defend against legal challenges: 1. “There is no gold standard diagnostic feature which reliably distinguishes the diagnosis of CRPS from presentations that clearly are not CRPS (451, 539). 2. “Scientific findings have actually indicated that whenever this diagnosis is made, [the diagnosis] is probably incorrect,” making it the only diagnosis that the *Guides* itself underscores as likely inaccu-



rate (439, 451). 3. “Differential diagnoses that must be ruled out include disuse atrophy, unrecognized general medical problems, somatoform disorders [old DSM-IV term], factitious disorder, and malingering. A diagnosis of CRPS may be excluded in the presence of any of these conditions or any other conditions which could account for the presentation” (451, 538-9). 4. “Complex Regional Pain Syndrome may be rated only when: (1) the diagnosis is confirmed by objective parameters (specified later in this section), (2) the diagnosis has been present for at least one year (to ensure accuracy of the diagnosis and permit adequate time to achieve MMI), (3) the diagnosis has been verified by more than one physician, and (4) a comprehensive differential diagnostic process (which may include psychological evaluation and psychological testing) has clearly ruled out all other differential diagnoses. Emphasis is placed on the differential diagnostic process because accurate diagnosis of CRPS is difficult and because even objective findings have been demon-

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COMPLEX REGIONAL PAIN SYNDROME

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strated to lack diagnostic validity” (451, 539).

Further confounding the issue, the evaluator may not consider pain in rating Tennessee workers’ compensation injuries that occur on or after July 1, 2014. With all the challenges inherent in rating CRPS, the evaluator is well advised to avoid using the diagnosis whenever possible.

CRPS DIAGNOSTIC CRITERIA

The patient must meet all the diagnostic criteria found in Table 15-24 (for upper extremities, pg. 453) or Table 16-13 (for lower extremities, pg. 539) before a diagnosis of CRPS, Type I, may be considered for rating purposes. These criteria require that the patient must have (1) “continuing pain, which is disproportionate to any inciting event,” (2) reported symptoms in three out of four categories: Sensory, Vasomotor, Sudomotor/Edema, and Motor/Trophic, (3) observable signs, at the time of evaluation, in at least two of the same four categories, and (4) “no other diagnosis that better explains the signs and symptoms” 453,539). In addition, the patient must have had the diagnosis of CRPS for at least a year, and this diagnosis must have been verified by at least two physicians, one of whom may include the rating physician. Finally, as stated above and perhaps of greatest challenge, the patient must have undergone an exhaustive differential diagnostic process to eliminate from consideration all other differential diagnoses, including, but not limited to, “disuse atrophy, unrecognized general medical problems, somatoform disorders, factitious disorder, and malingering” (451). The sheer scope of this differential diagnostic process renders it impractical for a single physician to conduct at the time the rating evaluation. A forensic psychiatric examination is necessary

for somatoform disorders (DSM-IV) and for personality disorders and to specifically address the possibilities of factitious disorders and malingering. In addition, medical records must clearly demonstrate that all differential diagnostic evaluations for alternative disease explanations have taken place prior to the MIR evaluation. If not, the diagnosis of CRPS cannot be made for rating purposes, per the 6th Edition instructions.

RATING METHODOLOGY, CRPS TYPE I

In the rare event that all the above criteria have been met, the evaluator may then rate the patient for CRPS, Type I, as a “stand-alone” rating, meaning it cannot be combined with any other rating methodology for the same extremity. The evaluator starts the rating process by applying either Table 15-25, “Objective Diagnostic Criteria Points for Complex Regional Pain Syndrome” (for upper extremities, pg. 453), or Table 16-14, of the same name (for lower extremities, pg. 540). The patient receives one point for each of eleven clinical signs. The text emphasizes that these are signs perceptible to the physician examiner and not self-reported symptoms. The tally of these points determines the impairment class of the patient as described in Table 15-26, “Complex Regional Pain Syndrome (Type I): Upper Extremity Impairments,” on page 454, or Table 16-15, “Complex Regional Pain Syndrome (Type I): Lower Extremity Impairments,” on page 541. Zero to three points yields an impairment class of zero; four to five points yields an impairment class of one; six to seven points yields an impairment class of two; eight or more points yields an impairment class of three or four, depending on

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COMPLEX REGIONAL PAIN SYNDROME

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the severity. Rather than using modifiers and the net adjustment formula to adjust the grade, the evaluator simply chooses the grade within the class “using clinical judgment” (452).

It should be noted that *Guides*’ methodology also requires the evaluator to determine the grade modifiers—GMFH, GMPE, GMCS—and average them together. This average should also be used to select the patient’s impairment class, but if this impairment class selected by the average differs from the impairment class selected using the point tally, the results of the point tally overrule it. The evaluator might wonder why it is necessary to determine the average of the grade modifiers in the first place if the results of the point tally always overrule the results of the grade modifier average. Why not, after all, just tally the points and be done with it? The implicit answer appears to be found in the need to distinguish between class three and class four impairment, both of which may be selected with a tally of eight or more points. In such situations, if the average of the grade modifiers is three, the evaluator should choose impairment class three; if the average of the grade modifiers is four, the evaluator should choose impairment class four.

Bear in mind that the examiner may not consider pain for Tennessee injuries that occur on or after July 1, 2014, and since pain is the basis for the Grade Modifier Functional History (GMFH), it may not be possible to use in many instances. The Grade Modifier Physical Exam (Tables 15-8, 16-7) is also very difficult to use in that only atrophy would appear to apply. The range of motion exam is very difficult to do in those rare patients who actually have CRPS, and very painful for the patient to endure. The resulting range of motion is typically limited by pain and not by joint pa-

thology. The palpatory findings are tenderness out of proportion to objective findings (allodynia, and/or hyperesthesia) and are thus not reliable. The Grade Modifier Clinical Studies is similarly difficult as there is no gold standard test. Thus using the point system to choose the Class is typically the default.

True CRPS is a very rare condition and basing the choice of the Grade within the Class on the examiner’s personal clinical experience (step 5, page 452, 540) is problematic. Accepting the “Default” Grade C impairment would be most legally defensible.

ALTERNATIVE DIAGNOSES

If the impairment class is zero, the *Guides* directs the evaluator to use Chapter 3, Pain, “as applicable” (452). However, with the addition of Tennessee Code 50-6-204 (k) (3), which states that complaints of pain shall not be considered in the calculation of impairment ratings, the Pain Chapter is probably not applicable to Tennessee claims for injuries that occur on or after July 1, 2014 until there is better guidance. A diagnosis of “nonspecific pain,” found at the beginning of each regional grid, might fare better legally, so long as the evaluator does not use pain to calculate the Functional History modifier.

RATING METHODOLOGY, CRPS TYPE II

Type II CRPS is rated using either section 15.4, “Peripheral Nerve Impairment,” on page 419 or section 16.4 on page 531, as if it were any other objectively documented peripheral nerve injury (451).

19th ANNUAL TENNESSEE WORKERS' COMPENSATION EDUCATION CONFERENCE JUNE 21-23, 2016



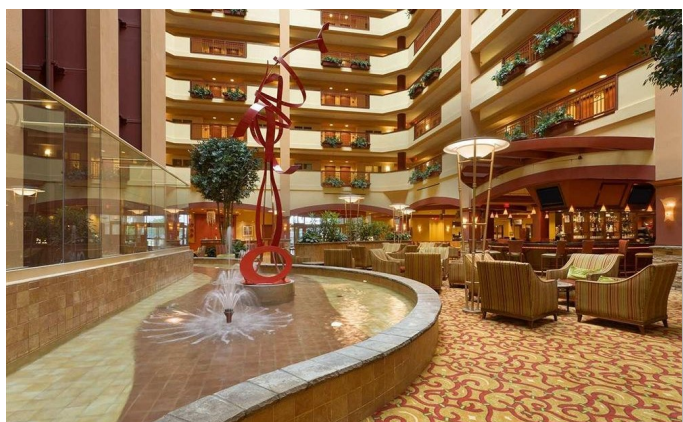
Registration for the 19th Annual Tennessee Workers' Compensation Education Conference is now open. The 2016 conference, to be held on June 21 - 23, 2016, has moved and will be conducted at the beautiful Embassy Suites Nashville Southeast Hotel in Murfreesboro, Tennessee. This year's conference will feature two nationally recognized keynote speakers—Dick Beardsley and Carl Van. Dick Beardsley, international best-selling author, former world class athlete, subject of the feature film entitled *Against the Wind*, and recovering pain medicine addict, will be the opening Keynote Speaker and will address the audience on Tuesday.

For a brief moment in the early '80s Dick Beardsley became the most famous runner/athlete in the world - by losing a race. In the 1982 Boston Marathon, Beardsley, foiled by a motorcycle that cut him off near the end, finished two seconds behind Alberto Salazar in a contest often called one of the most memorable in marathon history. It was the closest finish ever at the world's premier marathon, and both runners broke the course and the American records.

The story of Beardsley's running career alone is the stuff of legends, but it is the story that comes after that draws people in and keeps them listening. Beardsley is a true survivor. After retiring from running, he had a series of near fatal accidents that left him addicted to pain killers. On September 30, 1996, when he was taking a cocktail of Valium, Percocet, and Demerol, all very highly addictive narcotics—eighty to ninety pills a day—he was caught. He spent hours with federal DEA agents, convincing them that he was taking them all, every last one of them and not selling them, as they suspected, given the high number of prescriptions. His story of overcoming extreme obstacles speaks to anyone who loves competition, who has survived catastrophe, or who has pursued a seemingly impossible goal.

Carl Van is one of the most highly sought-after keynote speakers and presenters at conferences in the U.S. and Canada. He has dedicated his life to studying the claims organization and developing classes and programs to improve the success of individuals working in the industry. But Van's extensive knowledge extends far beyond the insurance industry. His commitment to improving both the employee and customer experience has made him a leading expert on topics such as company morale, time management, business communication, and customer service—important and timely no matter the industry. Though his topics are serious, he keeps audiences interested and entertained using

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19th ANNUAL WC EDUCATION CONFERENCE

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audience participation, real-life examples, and the right amount of humor.

The conference is sponsored by the Tennessee Bureau of Workers' Compensation in association with the International Workers' Compensation Foundation, a non-profit corporation dedicated to workers' compensation research and education. The goal of this conference is to educate those who participate in the Tennessee workers' compensation system regarding current and pending rules, procedures, policies and forms and to provide an opportunity for dialogue among these participants.

The conference will include an exhibit hall with various service providers, as well as opportunities to meet senior Bureau staff and other Tennessee workers' compensation professionals. Application will be made for continuing education credit for attorneys, rehabilitation providers, and human resources professionals and a certificate of completion will be provided for other disciplines.

People interested in learning about the conference may go to www.iwcf.us. For more information, please contact Jeff Francis, Assistant Administrator of the Tennessee Bureau of Workers' Compensation, at b.jeff.francis@tn.gov or 615-253-6269.



Tuesday, June 21, 2016, Keynote Speaker
Mr. Dick Beardsley



Wednesday, June 22, 2016, Keynote Speaker
Mr. Carl Van

The Tennessee Bureau of Workers' Compensation is an equal opportunity employer;
auxiliary aids and services are available upon request

TENNESSEE WORKERS' COMPENSATION PHYSICIANS' CONFERENCE: June 11-12, 2016

The Tennessee Bureau of Workers' Compensation and the International Workers' Compensation Foundation are sponsoring an Educational Conference for Physicians and Attorneys focusing on medical topics of importance to physicians, attorneys, nurse practitioners, and medical and administrative staff. The Saturday session is directed to medical, legal, and other professionals who are interested in the proper application of the *AMA Guides to the Evaluation of Permanent Impairment*, 6th Edition.

REGISTRATION BEFORE MAY 1st

\$250 per day, June 11 or June 12

\$425 both days, Saturday and Sunday

\$200 for Sat. 8:00 a.m. - 12:15 p.m. only with
Breakout B

REGISTRATION ON OR AFTER MAY 1st

\$275 per day, Saturday June 11 or Sunday June 12

\$475 both days, Saturday and Sunday

\$225 for Saturday 8:00 a.m. - 12:15 p.m. only with
Breakout B

LOCATION

The Embassy Suites, Knoxville/West. A block of rooms has been reserved at the conference hotel at the rate of \$129, single king loft. The rooms will be held through May 11, 2016, unless this block becomes fully reserved prior to this date. Register early! Call (865) 246-2309 or (800) 774-1500. Indicate you are attending the Tennessee Workers' Compensation Physicians Conference and give the code IWC when making your reservations.



The Embassy Suites Knoxville/West
9621 Parkside Drive, Knoxville TN 37922
856-246-2309

CONTINUING EDUCATION CREDITS

Participants may be eligible for continuing education credits. For physicians, the Saturday session has been approved for a maximum of 8.25 *AMA PRA Category 1 Credits™*, and the Sunday session has been approved for 7.75 credit hours. For attorneys, the Saturday session has been approved for a maximum of 8.09 CLE credits, and the Sunday session has been approved for 7.33 credits. This course is jointly sponsored by the Tennessee Bureau of Workers' Compensation American Academy of Disability Evaluating Physicians (AADEP). The American Academy of Disability Evaluating Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The AADEP designates this Tennessee Bureau of Workers' Compensation educational activity for a maximum of sixteen hours of *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. To register, click [HERE](#).

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TENNESSEE WORKERS' COMPENSATION PHYSICIANS' CONFERENCE: June 11-12, 2016

AGENDA AND TOPICS

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| 7:30 am - 8:00 am | Registration and Continental Breakfast |
| 8:00 am - 8:10 am | Opening Introductions <i>Robert Snyder, M.D.</i> |
| 8:10 am - 8:30 am | Pre-Test |
| 8:30 am - 9:00 am | Welcome/Introduction to the TN(MIR) Registry <i>Jay Blaisdell, C.E.D.I.R., MIRR Program Coordinator</i> |
| 9:00 am - 10:00 am | Introduction to the AMA Guides™, Sixth Edition Chapters 1 & 2, Definitions and Philosophies <i>James Talmage, M.D., Fellow IAIME</i> |
| 10:00 am - 10:15 am | Break |
| 10:15 am - 12:15 pm | Breakout Session A: Chapter 17, The Spine & Pelvis <i>Jeffrey Hazlewood, M.D.</i> Breakout Session B (as needed): Chapter 5, Pulmonary, Chapter 11, Ear Nose and Throat, Chapter 14, Mental and Behavioral, Chapter 12, Visual. <i>James Talmage, M.D.</i> |
| 12:15 pm - 12:45 pm | Lunch (provided) |
| 12:45 pm - 2:00 pm | Chapter 15, The Upper Extremity <i>James Talmage, M.D.</i> |
| 2:00 pm - 3:00 pm | Chapter 16, The Lower Extremity <i>Jeffrey Hazlewood, M.D.</i> |
| 3:00 pm - 3:15 pm | Break |
| 3:15 pm - 4:15 pm | Chapter 13, Central & Peripheral Nervous System Chapter 3, Pain <i>James Talmage, M.D.</i> |
| 4:15 pm - 5:00 pm | How to Complete the MIR Registry Report Form/ Common Errors in MIR Reports/ Q & A <i>James Talmage, M.D., Jeffrey Hazlewood, M.D., Jay Blaisdell, C.E.D.I.R.</i> |
| 5:00 pm - 5:20 pm | Post Test |
| 5:20 pm - 5:55 pm | Case Examples & Discussion |
| 5:15 pm | Closing <i>James Talmage, M.D.</i> |

MIRR PHYSICIAN SPOTLIGHT

JAMES P LITTLE, MD, MBA

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names and locations, it is the same entity that he operates today, Southern Rehabilitation Group (SRG).

In 1998, Dr. Little completed an executive MBA while serving as chair of the PM&R Residency Training Program and Medical Director for Siskin Hospital for Physical Medicine and Rehabilitation. Shortly thereafter, he purchased one hundred rolling acres on the Tennessee River in Chattanooga that he converted into a family business, [Tennessee RiverPlace](#), a venue for weddings, conferences, retreats, reunions, and vacations. Offering a ten thousand square foot mansion with stunning mountain views into the Tennessee River Gorge and a half-mile stretch on the Tennessee River, the venue has become a favorite vacation spot for many tourist and local families. It remains a special place for the Littles to spend time together.

While Dr. Little thoroughly enjoys his professional and business ventures, his greatest love is spending



Dr. Little and his family at home



Tennessee RiverPlace
3104 Scenic Waters Lane
Chattanooga TN 37419

time with his eight children, who range in age from thirty-four to nine years old. If there is one thing he has worked to teach his children, it is the same lesson taught to him by his late parents: the importance of using their God-given gifts to care for others. Little's eldest son, Aaron (thirty-four) and his wife, Vio, currently manage Tennessee RiverPlace. Aaron has a Master's in Divinity and is currently pursuing his ordination as well as an MBA. Dr. Little's eldest daughter, Rebecca (thirty-three), obtained a Master's in English before joining the family business at RiverPlace. She is now pursuing a law degree at the University of Tennessee. Rachael (thirty-one) followed in her father's footsteps and pursued a degree in Biology. She is engaged in operation of the family business, but her great passion is her work with organizations that fight human trafficking. Laura (twenty-nine) and her husband, John David, live in Knoxville, where Laura obtained an MA in Education and now

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MIRR PHYSICIAN SPOTLIGHT JAMES P. LITTLE, MD, MBA

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teaches high school English. They are expecting their first child this summer. Dr. Little's younger children are all enrolled in the gifted program in Signal Mountain Schools. Jake (fifteen) and Caleb (fourteen) share their father's interest in the sciences and hope to be engineers. Katelin (twelve) is an avid soccer player and loves to read, and Samuel (nine) enjoys playing baseball.

A favorite past-time for all of Dr. Little's children is spending time outside on the farm at RiverPlace, where they can take in the beautiful river and mountains, play together, and visit the resident cattle, goats and chickens. The family's ultimate goal for RiverPlace is to fund a non-profit organization benefitting those in need. In this way Dr. Little can continue to care for people even after he is gone.

THE MIRR IS NOW
ACCEPTING
PHYSICIAN APPLICATIONS IN
THE FOLLOWING AREAS OF
EXPERTISE:



- 1) Orthopaedics
- 2) Occupational Medicine
- 3) Physical Medicine and Rehabilitation
- 4) Neurology
- 5) Internal Medicine
- 6) Ophthalmology
- 7) Otolaryngology
- 8) Cardiology
- 9) Pulmonology
- 10) Psychiatry

Click [HERE](#) for an application.



Tennessee RiverPlace, 3104 Scenic Waters Lane, Chattanooga TN 37419